

**AUTHORIZATION FOR
ELECTRONIC FUNDS TRANSFER (EFT)
FOR TAX PAYMENTS**

EFT Number

To be assigned by Department of Revenue

Taxpayer Name	Contact Person	<input type="checkbox"/> Set Up Account <input type="checkbox"/> Modify Account <input type="checkbox"/> Change Bank Account Number <input type="checkbox"/> Change Bank Transit and Routing <input type="checkbox"/> Add Taxes
Mailing Address (Street Number, Apt. Number, Box Number)	FEIN or Social Security Number	
	Telephone Number ()	
City, State, ZIP	Fax Number ()	
Email Address		

TAXES TO BE PAID BY EFT TRANSACTIONS.

Must be completed for either ACH debit or ACH credit.

See listing of taxes and tax type codes on reverse side

TAX TYPE	TAX TYPE CODE	YOUR DOR ACCT #

COMPLETE SECTION 1 AND/OR 2

Section 1—ACH Debit *

☐ **ACH debit**—taxpayer selects the EFT payment option on our web page or calls a toll free number

I hereby authorize the Colorado Department of Revenue (DOR), to initiate debit entries to my account and the financial institution (FI) named below, to debit the same to such account. This authority is to remain in full force and effect until DOR and FI have received written notification from me of its termination in such time and in such manner as to afford DOR and FI a reasonable time to act on it. The use of an EFT identification number and password will be required to convey my instructions for each transaction. The EFT identification number and password may be used by me or by my agent.

Bank Account Number	Transit/Routing Number (See reverse)	Type of Account <input type="checkbox"/> Saving <input type="checkbox"/> Checking	Kind of Account <input type="checkbox"/> Business <input type="checkbox"/> Consumer	Name on Account (Not Name of Bank)
Authorized Signature		Title		Date

***A voided check for the financial institution account indicated above MUST accompany this application.**

Section 2—ACH Credit

☐ **ACH credit**—taxpayer initiates through own financial institution.

I have contacted my financial institution and confirmed the financial institution can initiate Automated Clearing House credit transactions that meet Colorado Department of Revenue (DOR) requirements. For verification, DOR may contact:

Name of Bank	Bank Contact Person	Telephone Number
I hereby request DOR grant authority for the above named taxpayer to initiate Automated Clearing House credit transactions to DOR's bank account. I understand these must be in the NACHA CCD+ format using the Tax Payment (TXP) Convention and may only be initiated for the tax types that have been registered for EFT payments with DOR.		
Authorized Signature	Title	Date

Please return application to: Colorado Department of Revenue, CDO Research, 1375 Sherman Street, Denver CO 80261
or fax to (303) 866-3112

**ADDENDUM TO AUTHORIZATION AGREEMENT FOR
ELECTRONIC FUNDS TRANSFER (EFT) FOR TAX PAYMENTS
A SEPARATE TAX RETURN MUST BE FILED FOR MOST TAX PAYMENTS**

TAX TYPE DESCRIPTION	CODE		TAX TYPE DESCRIPTION	CODE
Excise::				
Cigarette	072		Income Withholding Annual Reconciliation	01102
Fuel Distributors	052		Sales:	
IFTA	059		Aviation Fuel Sales	054
Liquor Excise	065		Aviation Fuel Retailer's Use	05420
LPG Inspection Surcharge	0531		Aviation Fuel Consumer's Use	05430
Passenger Mile	0532		Consumer Use	045
PUC Fixed Utility Fees*	204		County Lodging	074
Tobacco Products	073		County Short Term Rental	04840
Gaming/Racing::			Heavy Truck Sales	04230
Dog Racing	1421		Local Marketing District	04810
Gaming	141		Retailer's Use	044
Gaming Backup Withholding*	01114		Sales	042
Horse Breeder's Fund	14221		Sales Tax License Renewal*	242
Horse Racing	1422		Special District Sales	04202
Racing Cash Fund	1423		Severance:	
Income:			Coal	08503
Corporation	01312		Coal Estimated	08502
Corporation Estimated*	01212		Metallic Minerals	08603
Corporation Extension*	01412		Metallic Minerals Estimated*	08602
Fiduciary	017		Molybdenum	08613
Individual	01304		Oil, Gas, & CO2	08403
Individual Estimated*	01204		Oil, Gas, & CO2 Estimated*	08402
Individual Extension*	01404		Oil Shale	08103
Partnership	01320		Oil Shale Estimated*	08102
Partnership Estimated*	01220		Delinquent Severance*	08405
Partnership Extension*	01420		Severance Withholding*	01180
Delinquent Income/Agreement to Pay*	210		Delinquent Severance Withholding*	01185
Income Withholding*	011		Severance Withholding Annual Reconciliation	01181

***Do not file a tax return for these tax payments, the EFT transaction is the filing.
For all other tax payments, a tax return is required.**

Depositor Account Information

Sample Check:

2259

880
19

23-7
1020

Pay to the order of: _____

Anytown Bank Center, 1A Street, Anytown USA 80000

Anytown Bank
National Association (303) 000-0000

VOID

For _____

⑆ 102001017 ⑆ 1011234567 ⑆ 2259

↑
 Transit and Routing Number (9 digits)
 102001017

↑
 Bank Account Number
 1011234567

↑
 Check Number